

APN: 1219-10-002-027

When Recorded, Please Return To:
Heritage Law Group, P.C.
1625 Highway 88, Suite 304
Minden, Nevada 89423



KAREN ELLISON, RECORDER

Mail Future Tax Statements To:
Ms. Helen Wizner
201 Shadow Mtn Circle
Gardnerville, NV 89460

AFFIDAVIT – DEATH OF TRUSTEE

The attached document does contain the social security number of a person as required by NRS 440.380.

HELEN ROSINA WIZNER (“Declarant”) being of legal age, and being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada that:

- 1. JOSEPH EDWARD WIZNER (“Decedent”) is the same person as Joseph Edward Wizner who died on May 25, 2017, as referenced in the certified copy of Certificate of Death which is attached hereto as **Exhibit A** and incorporated herein by this reference.
- 2. Decedent is the same person named as a trustee in the Joseph Edward Wizner and Helen Rosina Wizner Family Trust dated February 13, 2003, and executed by Joseph Edward Wizner and Helen Rosina Wizner as Settlor and Trustees (“Trust”).
- 3. Decedent as trustee is the same person who was named as a grantee in that certain Grant, Bargain, Sale Deed, which was recorded on January 27, 2017, as Document No. 2017-893912 in Douglas County, Nevada, as legally described as follows:

See Exhibit B attached hereto and incorporated herein by this reference.

- 4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of Decedent and has not been revoked. Declarant has consented to act as successor trustee under the Trust.

Date: February 8, 2018

Helen Rosina Wizner
HELEN ROSINA WIZNER
Successor Trustee

State of Nevada)
County of Douglas) ss.

Signed and sworn to (or affirmed) before me on February 8, 2018, by HELEN ROSINA WIZNER, as Successor Trustee of the Joseph Edward Wizner and Helen Rosina Wizner Family Trust dated February 13, 2003.

Linda M. Huntsberger
Notary Public



EXHIBIT A
CERTIFICATE OF DEATH

COPY

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL STATISTICS

CASE FILE NO. 3958796

CERTIFICATE OF DEATH

2017010028
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

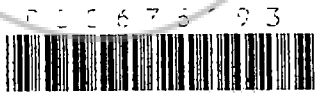
REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Joseph Edward WIZNER		2. DATE OF DEATH (Mo/Day/Year) May 25, 2017		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street an Carson Valley Medical Center		3e.If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Emergency Room / Outpatient	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 85		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS	
7d. UNDER 1 YEAR DAYS		7e. UNDER 1 DAY MINS		8. DATE OF BIRTH (Mo/Day/Yr) December 28, 1931	
9a. STATE OF BIRTH (if not US/CA, name country) Wisconsin		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Helen R JAEGER			
13. SOCIAL SECURITY NUMBER 4575		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Mechanical Supervisor		14b. KIND OF BUSINESS OR INDUSTRY Pan Am	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 201 Shadow Mountain Circle		15e. INSIDE CITY LIMITS (Specify Yes or No) No			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Joseph George WIZNER			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Martha STAHELSKI		
18a. INFORMANT - NAME (Type or Print) Helen R WIZNER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 201 Shadow Mountain Circle Gardnerville, Nevada 89460			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CHRISTIE D WILDE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD917		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED EVAN W EASLEY MD			22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)		
21b. DATE SIGNED (Mo/Day/Yr) May 31, 2017		21c. HOUR OF DEATH 15:49		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
22a. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Evan W Easley MD 1520 Virginia Ranch Rd Gardnerville, NV 89410			
23b. LICENSE NUMBER 7446		24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 31, 2017		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I					
(a) Cardiac Arrest					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Hypertension					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Hemochromatosis					
DUE TO, OR AS A CONSEQUENCE OF:					
(d)					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				26. AUTOPSY (Specify Yes or No) No	
				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
				28d. DESCRIBE HOW INJURY OCCURRED	
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR



CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

6/2/2017

DATE ISSUED:

Cody L. Phinney
SIGNATURE AUTHENTICATED
STATE REGISTRAR

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

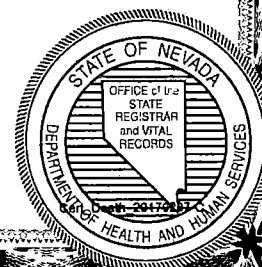


EXHIBIT B
LEGAL DESCRIPTION

All that certain real property situate in the County of DOUGLAS, State of Nevada, described as follows:

Lot 2, Block C, of SIERRA RANCHO ESTATES NO. 1, filed in the Office of the Douglas County Recorder's Office on August 23, 1978, in Book 878, Page 1963, Document No. 24464.

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Pursuant to NRS 111.312, the above legal description previously appeared in Grant, Bargain, Sale Deed recorded on January 27, 2017, as Document Number 2017-893912.

